



## Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Richard C. Dunn**  
Director



**Bob Holden**  
Governor

Dear Initial Applicant:

This is in response to your expression of interest in becoming a provider of services under the state certification and the Medicare certification programs for Hospice. The Missouri Department of Health and Senior Services (DHSS) has an agreement with the U.S. Department of Health and Human Services to assist in determining whether health care facilities meet, and continue to meet, the conditions of participation.

In addition to the necessary forms and accompanying instructions, we are enclosing both state and Medicare regulations covering all requirements of these programs, including the standards, which must be met in regard to the care of patients.

Cahaba will be the fiscal intermediary for your hospice. You will need to contact the Centers for Medicare and Medicaid Services (CMS) directly at 712/293-5710 to request a CMS-855 form. This form must be completed and returned to Cahaba for approval to receive Medicare payments. Your hospice cannot be approved as a Medicare provider until this process is completed.

To be eligible to participate in the Medicare program, your agency must be in compliance with the requirements of Title VI of the Civil Rights Act of 1964, the Medicare Conditions of Participation and the state certification requirements.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on grounds of race, color or national origin in any program receiving Federal financial assistance. Please complete the Assurance of Compliance form under Title VI of the Civil Rights Act (HHS-690).

On the second line of the Health Insurance Benefits Agreement, after the term Social Security Act: enter the corporate name of the enterprise, followed by the d.b.a. name (if different from the corporate name). Ordinarily, the agreement will be completed with the name used on all official correspondence. For example, the XYZ Corporation, owner of the Community General Hospice, would enter on the agreement: "XYZ Corporation, d.b.a. Community General Hospice." A partnership of several persons doing business as the Easy Care Hospice would complete the agreement to read: "Robert Johnson, Louis Miller, and Paul Allen, partners., d.b.a. Easy Care Hospice." A sole proprietorship would complete the agreement to read: "John Smith, d.b.a. Good Care Hospice." The person signing the Health Insurance Benefits Agreement must be someone who has the authorization of the owners to enter into this agreement.

If you wish to participate in the hospice programs and feel your agency is in substantial compliance with the Conditions of Participation and state statutes, the following forms should be completed and returned to this office along with proof of registration with the Secretary of States office:

1. One copy of hospice request for certification in the Medicare Program (CMS-417).
2. Two copies of the Health Insurance Benefits Agreement (CMS-1561).
3. Two copies of the Assurance of Compliance, Title VI Civil Rights Act (HHS-690).
4. One copy of the Ownership and Control Interest Disclosure Statement (CMS-1513).
5. One copy of the Application for Hospice Certification (MO 580-2071) and \$500 state certification fee.
6. Policy and Procedure Manual.

***(All forms must list the legal entity name and the d.b.a. name)***

An onsite survey of your agency will be conducted after written approval of your 855 is received, your policy manual has been approved and you have notified us that your agency has furnished services to the required number of patients. You will be certified to serve patients in the county your hospice is located and, if requested, any contiguous counties. See the enclosed list of steps necessary to prepare for the initial survey.

Following the survey, this unit will issue your state certification and will recommend to CMS your certification status. **Under no circumstances can any agency be reimbursed retroactively for services furnished to Medicare clients prior to the date of the initial survey.** The earliest possible date of certification and resultant reimbursement is the exit date of the survey and ONLY if the agency is in full compliance with all requirements of the program with no deficiencies. If the agency has standard level

[www.dhss.state.mo.us](http://www.dhss.state.mo.us)

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

deficiencies, the earliest possible date of certification and resultant reimbursement is the date our office approves your signed and dated plan of correction for all deficiencies cited. If your agency is out of compliance with condition level requirements, this office will not issue the state certificate and will recommend to CMS your agency not be certified in the Medicare program. CMS will notify your agency in writing regarding this action.

After it has been determined all the requirements for compliance are met, the Health Insurance Benefits Agreement will be counter-signed. One copy of the agreement will be returned to you with the notification your agency has been approved. This notification will establish your official date of Medicare participation.

If you wish to become a Medicaid hospice provider, please contact the Division of Medical Services, Provider Enrollment Unit at 573/751-2617 for enrollment information.

Should you have any questions regarding participation, please do not hesitate to contact me at 573/751-6336. Additional information is available on our website at [http://www.dhss.state.mo.us/Home\\_Health](http://www.dhss.state.mo.us/Home_Health).

Sincerely,

A handwritten signature in cursive script that reads "Lisa Coots".

Lisa Coots, R.N., Administrator  
Unit of Home Care and  
Rehabilitative Standards

Enclosures